

Name in Full		Alongo Boulden				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near Cayoh ^{Bohemian Manor} ^{County} Corner Cecil				MARYLAND					
		Date of death 1903		Month 5		Day 29		Years 54		Months 6	
										Days 20	
		Sex male		Color or Race White		Birth-place Chesapeake City Md					
		Married, Single or Widowed		Occupation Farmer							
		Name of Wife or Husband Mrs. Cora Simpson Boulden									
PHYSICIAN OR CORONER		Father's Name Levi Boulden				Father's Birthplace Cecil Co					
		Mother's Maiden Name Mary E. Bennett				Mother's Birthplace North East Md					
		Name of person giving information Annie M Boulden				How related to deceased Sister					
		CAUSES OF DEATH 40									
PHYSICIAN OR CORONER		Primary Catarrhal Jaundice				How long about 2 years from history to come					
		I think some malignant complication				How long under my care 4 weeks					
		Immediate result of in colapso									
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician W. G. Karsner					
PHYSICIAN OR CORONER						Address Chesapeake City Md					
		Accident or Suicide?									



Name
in
Full

Mary Leannette Boulden

CERTIFICATE OF DEATH

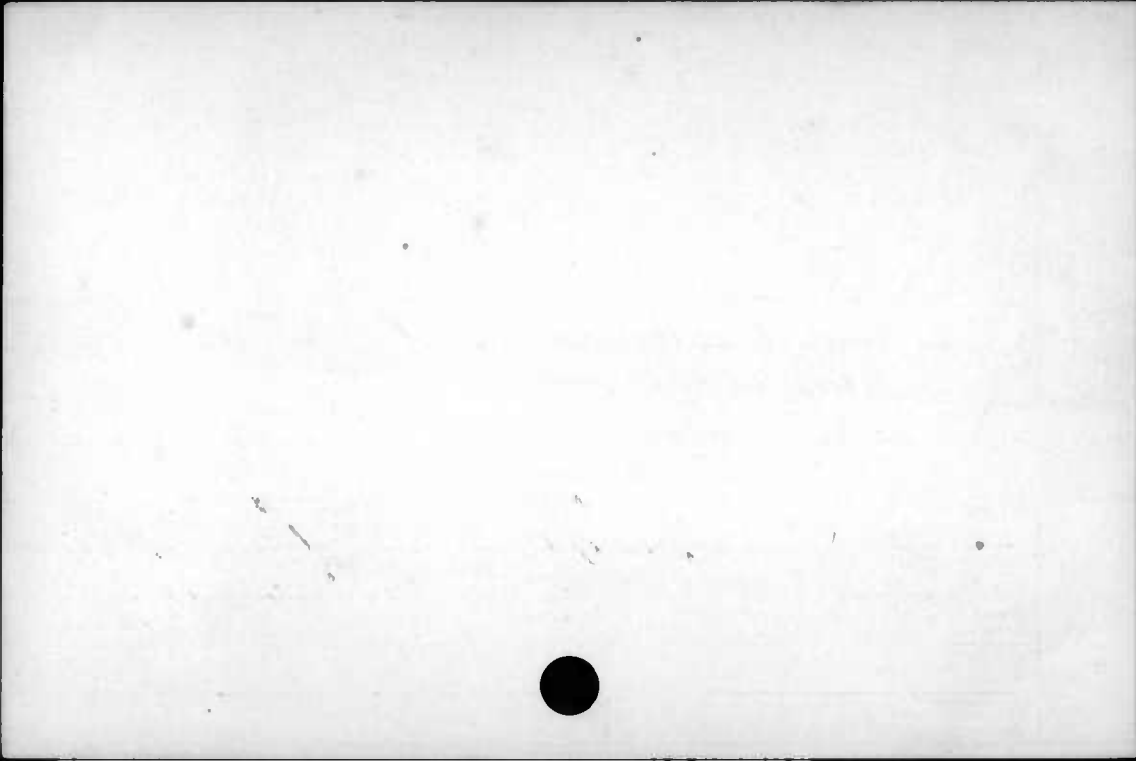
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>18th</i>	Age <i>82 1/2</i>	Years	Months <i>2 1/2</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Ches. City</i>			
Married, Single or Widowed <i>Maiden</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Richard B Boulden</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Lorcas Boulden</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Mrs Dorcas Jefferson</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hears faucum</i>	How long <i>179</i>	<i>5 months or more</i>
Immediate <i>Reached in 5 months after attack</i>	How long <i>Found her dead</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Wallace - M.D.</i>	
	Address <i>Chesapeake City, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Boyd</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND			
Died at		Date of death 1903		Month <i>May</i>	Day <i>22</i>	Age <i>83</i>	Years <i>7</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>						
Married, Single or Widowed <i>Widower</i>		Occupation <i>Carpenter</i>							
Name of Wife or Husband <i>Ann McMullin</i>									
Father's Name <i>Alexander Boyd</i>		Father's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving information <i>Georgia Boyd</i>		<i>20</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>2 years</i>
Immediate <i>Emphysema</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Chumey</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full

Certificate of Death

Gertrude Burns

Town

County

Died at

H. Eury

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 9

Age

42

Cecil G.

Hamm

Male

White

Married

Widow

-Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Samuel Burn

Mother's

Maiden Name

Lacorne Phillips

Cause of

Primary

How long sick

1 Year

Death

Immediate

Sangreans

Accident, Suicide, Homicide

Reported by

B. B. B. B. B.

Address

H. Eury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name
in
Full

Carrie A Culley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pilot-Town</i>		County <i>6th Dist.</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>24</i>	Years <i>62</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penn</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Robert A Culley</i>					
Father's Name <i>John Poole</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Emily Carroll</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Robert A Culley</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 Years</i>
Immediate <i>Same</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo W Gillespie</i>
	Address <i>Pleasant Grove, Pa</i>
Accident or Suicide?	



Name
in
Full

Doctor Wright - Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Earville</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>18</i>	Age <i>33</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Cecil Co</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Bricks man on R. R</i>			
Name of Wife or Husband <i>wife dead</i>					
Father's Name <i>George Daniels</i>				Father's Birthplace <i>Delaware</i>	
Mother's Maiden Name <i>May & Croverden</i>				Mother's Birthplace <i>Delaware</i>	
Name of person giving In formation <i>27</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>three weeks</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Croverden</i>
	Address <i>Earville</i>
	<i>md</i>
Accident or Suicide?	



Name
in
Full

Annie Grady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cecilton</i>		Town <i>Cecilton</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>23</i>	Age <i>54</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cecil Co Md</i>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name <i>Samuel G. Etherington</i>				Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Mary Etherington</i>				Mother's Birthplace <i>Cecil Co</i>			
Name of person giving information				How related to deceased			

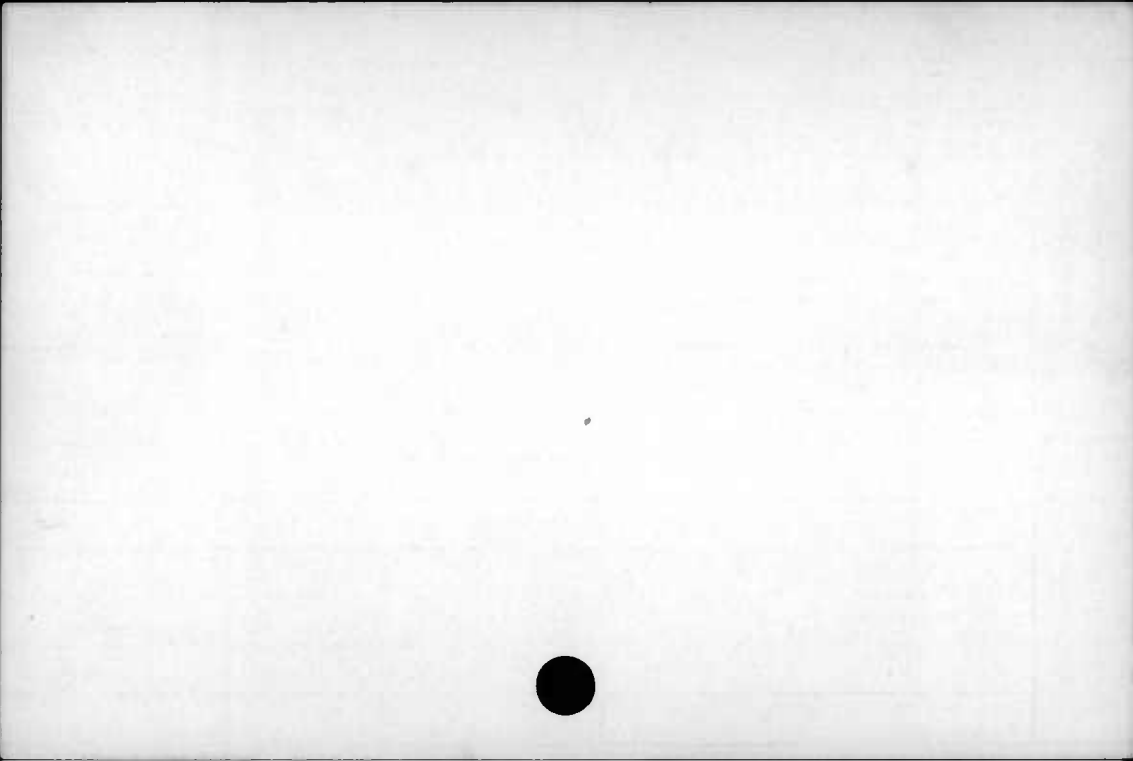
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	<i>190</i>	How long <i>two years</i>
Immediate <i>Dropsy + Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Crawford</i>	
	Address <i>Cecilton</i>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
	Date of death 190 <i>3</i> Month <i>May</i> Day <i>15</i>	Age <i>—</i> Years		Months <i>—</i>	Days <i>3</i>	
	Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Perryville</i>			
	Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
	Name of Wife or Husband <i>—</i>					
	Father's Name <i>James Hawkins</i>			Father's Birthplace <i>—</i>		
	Mother's Maiden Name <i>Mary Hill</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>—</i>		How long <i>—</i>		<i>151</i>	
	Immediate <i>—</i>		How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W C Jackson F.D.</i>			
			Address <i>J Blythevale Md</i>			
Accident or Suicide?						



Name
in
Full

Charles M Holt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town near Leeds		County berci		MARYLAND	
Date of death 1903		Month 5		Day 26		Years 16	
Sex Male		Color or Race White		Birth- place Md		Months Days	
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name John F Holt				Father's Birthplace Md			
Mother's Maiden Name Williecent - Snifers				Mother's Birthplace Md			
Name of person giving In formation John F Holt				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Acute Meningitis		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. D. Courley Jr.			
		Address Bertin Md.			
Accident or Suicide?					



Name in Full Moses Kane		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town Cecil		County Cecil
	Died at Mar		MARYLAND
	Date of death 190 3	Month 5	Day 3
	Age 70		Months —
	Sex male		Color or Race Negro
	Married, Single or Widowed		Occupation
	Name of Wife or Husband Henni		Birth-place Cecil Co
Father's Name		Father's Birthplace	
Mother's Maiden Name bat		Mother's Birthplace	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cerebral Hemorrhage		How long 48 hours
	Immediate in		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. H. Loran
			Address Cecil
	Accident or Suicide?		True



Name
in
Full

William Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Calvert		30 th		Cecil		Maryland	
Date of death 1903	Month	Day	Age	Years	Months	Days	
3	May	Saturday	85	4	8	7	
Sex	Color or Race		Birthplace				
Male	White		Rising Sun				
Married, Single or Widowed				Occupation			
				Carpenter			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
William Kirk				Rising Sun			
Mother's Maiden Name				Mother's Birthplace			
Hannah B. England				Calvert			
Name of person giving information				How related to deceased			
Clifford Kirk				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	66.
Immediate	Paralysis	How long	12 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Richardson	
		Address	
		Calvert - Md.	
Accident or Suicide?			



Name
In
Full

James Lane.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>17</i>	Age <i>68</i> Years <i>78</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Selaware</i>		
Married, Single or Widowed <i>Wed over</i>			Occupation <i>Yarm Hand</i>		
Name of Wife or Husband <i>My Catharine Ward (a widow when he married her)</i>					
Father's Name <i>James Lane</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Ann Pearce</i>			Mother's Birthplace <i>Can't tell</i>		
Name of person giving information <i>her sister for Mr. E. Keenan</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

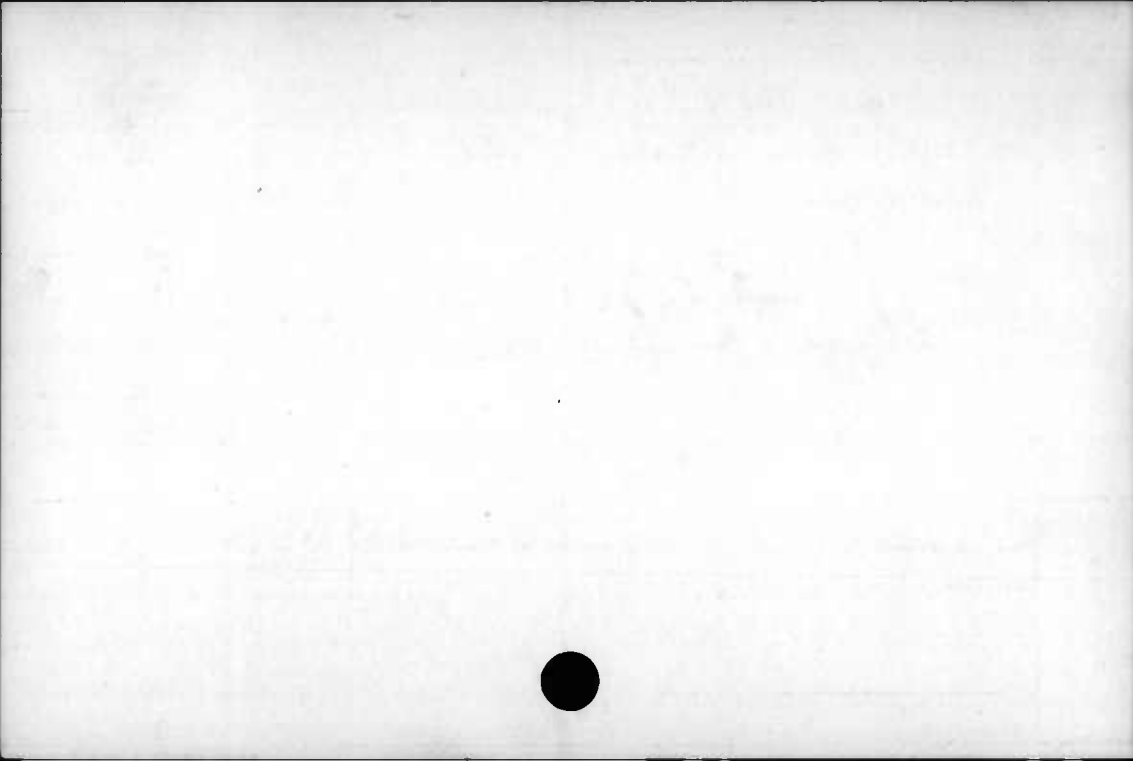
PHYSICIAN
OR CORONER

Primary <i>Apoplexy - Apoplexy - Prostate</i>	How long <i>80th years</i>
Immediate <i>Uremic Poison</i> <i>121</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. V. Wallace</i>
<i>Wm</i>	Address <i>Chesapeake City Md</i>
Accident or Suicide?	

I had never attended the deceased's funeral. When
last I knew, he had been an inmate of some
Institution a few years since - I think at Chester Pa.
He was an elderly man, and spent almost
his entire pension on the purchase of Patent
Machinery, published in the paper - Was also under
the care of a Doctor in Phila, who visited him a
few days, previous to his death - but was ordered
from the door, by the family - When I was called
to see him had been suffering for some time with
retention of urine - The catheter was obstructed by
thick mucus, and his mind very much impaired
soon relapsed into coma, but had no convulsions.

J. J. Wallace

Name in Full		CERTIFICATE OF DEATH			
Lucinda Litzenburg		MARYLAND			
Died at <i>near Clifton Cecil</i>					
Date of death 1903		Month <i>May</i>	Day <i>10</i>	Age <i>77</i>	Months <i>8</i>
Sex <i>Female</i>		Color or Race <i>white</i>	Birth-place <i>Cecil Co</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i></i>			
Name of Wife or Husband <i></i>					
Father's Name <i>H. D. Litzenburg</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Ada Kernass</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>92</i>			How related to deceased <i></i>		
CAUSES OF DEATH					
Primary <i>Broncho Pneumonia</i>			How long <i></i>		
Immediate <i>Heart failure</i>			How long <i></i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Wm. D. Cawley</i>		
			Address <i>Clifton Md.</i>		
Accident or Suicide? <i></i>					



Name
in
Full

CERTIFICATE OF DEATH

Meta M. McCardell both Dist

Died at

New Valley ^{Town} Cecil ^{County} County

MARYLAND

Date

of death 1903

Month

May

Day

Monday

Years

24

Months

5

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Liberty Grove

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ernest B McCardell

Father's
Name

Stephen J Murphy

Father's
Birthplace

Woodlawn

Mother's
Maiden Name

Phyllis McVey

Mother's
Birthplace

Rock Springs

Name of person giving
In formation

J Arthur Murphy. 27

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Acute Phthisis Pulmonalis

How long

One year

Immediate

Embolism

How long

(Collapsed)

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Ernest Rowland

Address

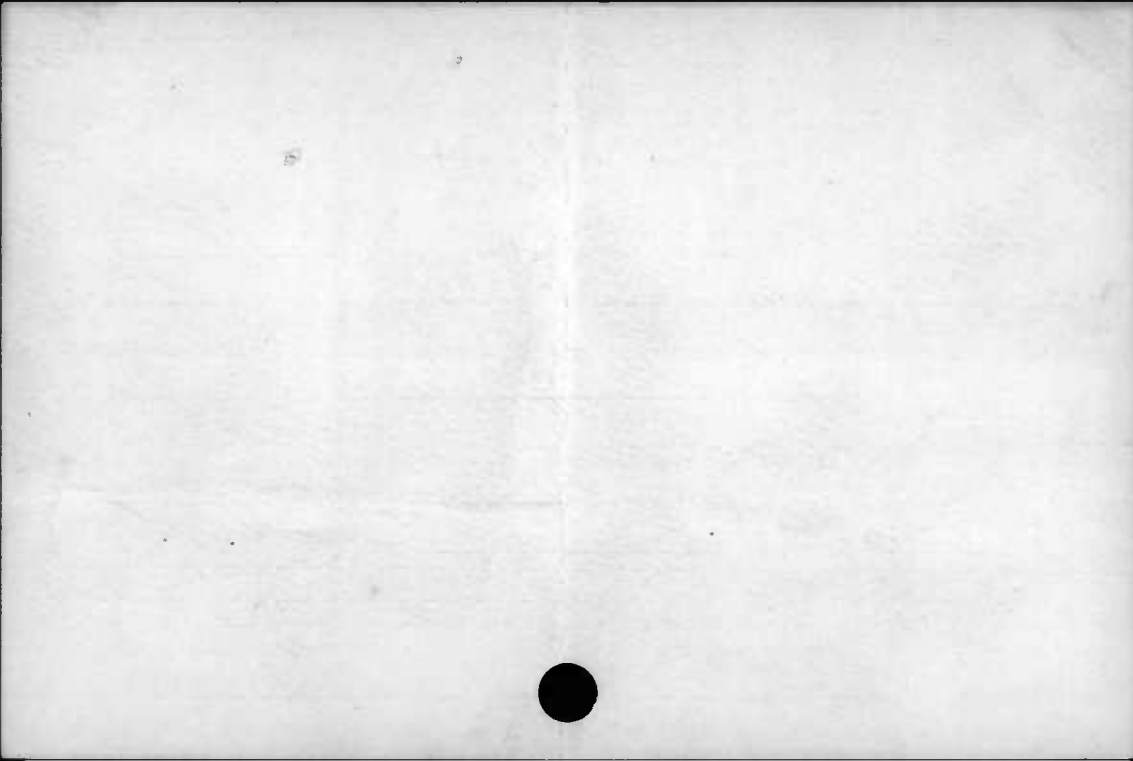
Liberty Grove

Accident or Suicide?

md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Arthur Alexander McKnight Jr.

CERTIFICATE OF DEATH

Died at <i>Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND		
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>9</i>	Age <i>6</i>	Years	Months <i>6</i>	Days <i>hrs</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Elkton Md</i>			
Married, Single or Widowed <i>Single</i>			Occupation			
Name of Wife or Husband						
Father's Name <i>Arthur A. McKnight</i>				Father's Birthplace		
Mother's Maiden Name <i>Mary Jones</i>				Mother's Birthplace		
Name of person giving In formation				How related to deceased		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Probably Premature -</i>	How long <i>6 hours</i>
<i>151</i>	How long
Immediate <i>Unknown</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Arthur Mitchell</i>
	Address <i>Elkton</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND	Name in Full Emma Hamor Mendenhall		STATE OF DEATH MARYLAND	
	Died at Blue Ball Town		Cecil County	
	Date of death 190 3	Month May	Day 3	Age 70 Years
	Sex Female	Color or Race White	Birth-place Hamorton Pa	Months
	Married, Single or Widowed Widow		Occupation	
	Name of Wife or Husband J Edwin Mendenhall			
	Father's Name Araham Hamor		Father's Birthplace +	
	Mother's Maiden Name Emma Hamor		Mother's Birthplace +	
Name of person giving Information W. H. Mendenhall		How related to deceased Mother Son		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia	How long 1 1/2 days
	Immediate	" "	How long
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas G Miller
			Address North East - R. D. #1 Ind
	Accident or Suicide?		



Julia A. Harrison

Town
PurcellCounty
Bea

6th Dist

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1903

5 16

Age

52 1/2

Md

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

171

1.50

1.00

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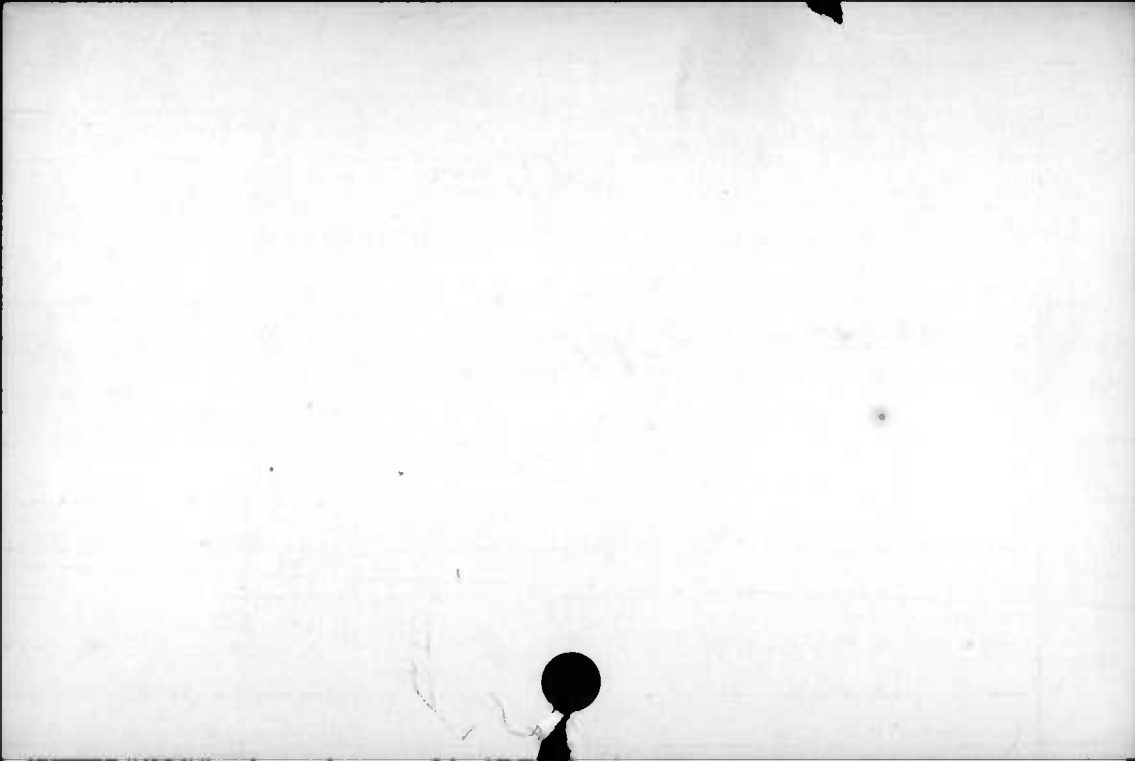
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Name in Full		Wm B Realey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Elkton		County Dorchester	
		Date of death 1903		Month May		Day 23	
		Age 75		Years		Months	
		Sex male		Color or Race white		Birth- place Md	
		Married, Single or Widowed		Married		Occupation Retired Bay Captain	
		Name of Wife or Husband Susan Butler					
		Father's Name Michael I Realey				Father's Birthplace	
Mother's Maiden Name Millicent - Harock				Mother's Birthplace			
Name of person giving In formation Jennie Realey				How related to deceased Daughter			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Arterio-Sclerosis / 4V				How long severe 9 mos	
		Immediate Gangrene foot - Embolism				How long 4 mos	
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Howard Bratton	
						Address Elkton Md	
		Accident or Suicide?					



Name in Full *Etta E. Rees* 3rd dist

CERTIFICATE OF DEATH

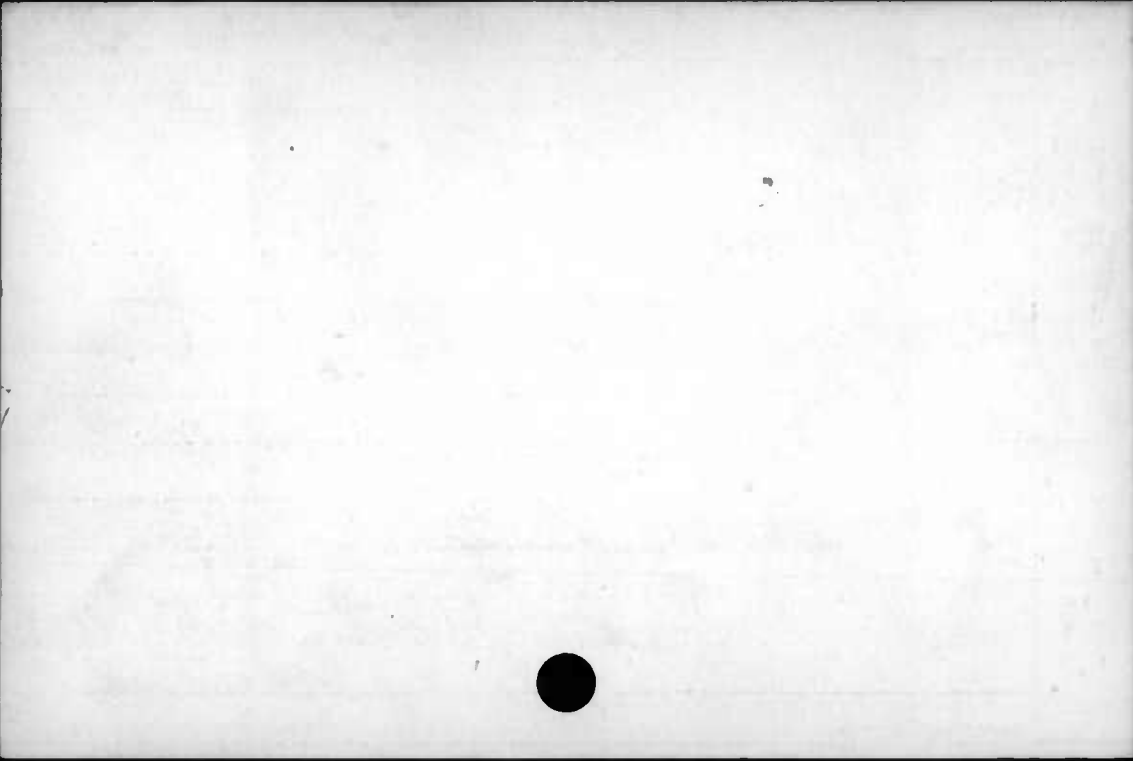
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marley</i> ^{Town} <i>mills</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>28</i>	Age <i>31</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>David J Rees</i>					
Father's Name <i>Elasha Phipps</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Hannah A. Morris</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>David J Rees</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lung</i>	How long	<i>18 mo.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Arthur Mitchell M.D.</i>	
		Address <i>Elkton Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i>		Town		<i>Schaffer</i>		County		Maryland	
Date of death 1903		Month <i>May</i>		Day <i>20</i>		Age		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Elkton</i>		Months		Days	
Married, Single or Widowed <i>Single</i>		Occupation							
Name of Wife or Husband									
Father's Name <i>William Schaffer</i>		Father's Birthplace							
Mother's Maiden Name <i>Mamie Corriden</i>		Mother's Birthplace							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anencephalic</i>		How long <i>150</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Arthur Mitchell M.D.</i>	
		Address <i>Elkton Md.</i>	
Accident or Suicide?			



Name
in
Full

Eli Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> Town		<i>Lucas</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>23</i>	Years <i>40-45</i> ?	Months	Days
Sex <i>male</i>	Color or Race <i>Col.</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>accidental death caused by</i>	How long	<i>—</i>
Immediate	<i>being run over with Car on E. B. Street</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Wm. J. Lawley M.D.</i>
		Address	<i>Clinton Md.</i>
Accident or Suicide?	<i>Accident</i>		



Name
in
Full

Miss Eugenia G. Swisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rowlandville</u> ^{Town}		<u>Cecil</u> ^{County} <u>6th Dist</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>13</u>	Age <u>40</u> ^{Years}	Months <u>Dec</u>	Days <u>20</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Rowlandville</u>	
Married, Single or Widowed <u>Single</u>		Occupation <u>House work</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Mr. Henry Swisher</u>				Father's Birthplace <u>Rowlandville</u>	
Mother's Maiden Name <u>Mrs. C.A. Swisher</u>				Mother's Birthplace <u>Coatsville, Pa</u>	
Name of person giving information <u>Mr. W.P. Swisher</u>				How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Pleurisy</u> <u>94</u>	How long <u>Three week</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Ernest. Rowland</u>
	Address <u>Liberty Proor. Md.</u>
Accident or Suicide <u> </u>	



Name
in
Full

Ernest Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Perryville* Town *Cecil* County

Date

of death 1903

Month

May

Day

12

Age

Years

5

Months

5

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Perryville*Married, Single
or Widowed*—*

Occupation

*—*Name of Wife or
Husband*—*Father's
Name*James Thompson*Father's
Birthplace*Perryville*Mother's
Maiden Name*Ladie Harris*Mother's
Birthplace*Cecil Co*Name of person giving
Information*James Thompson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Dec Ciliary Inflammation,

How long

Two weeks

Immediate

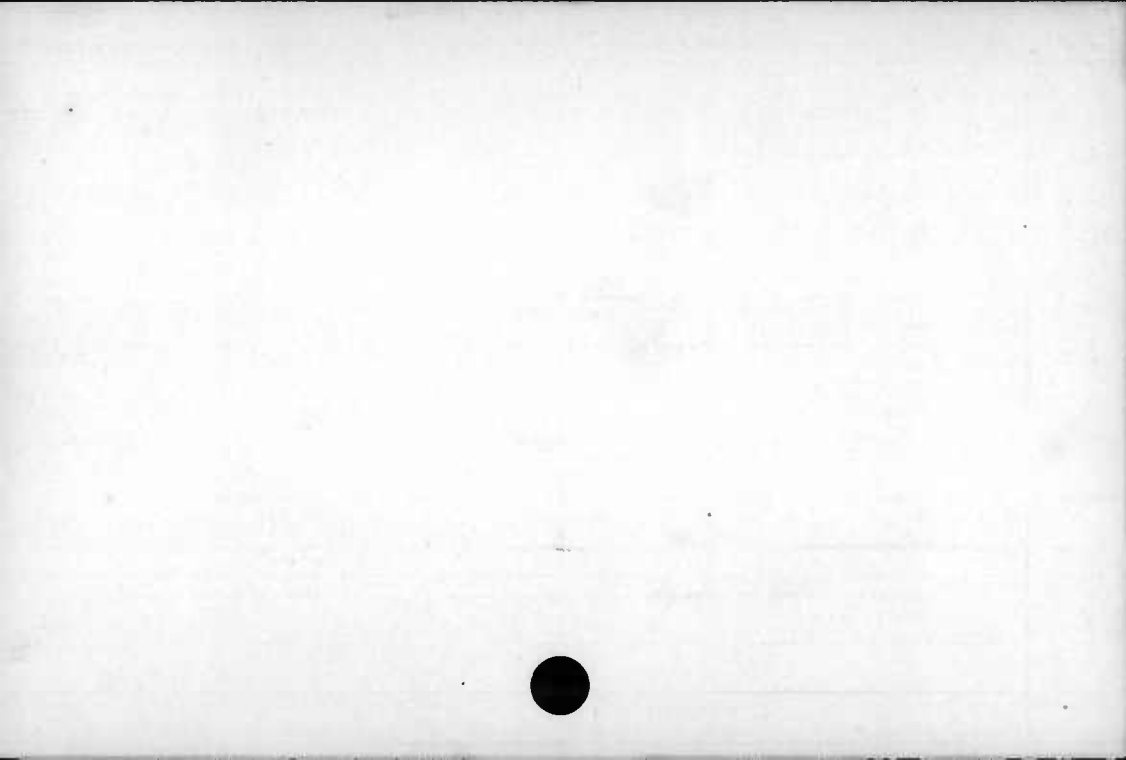
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*105**Geo. W. Stevens*

Address

Perryville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lydia Mitchell Thornton

6th Dis

CERTIFICATE OF DEATH

Died at Coloma Town Cecil County

MARYLAND

Date

of death 1903

Month

Fifth

Day

Seventh

Years

Age 80

Months

Days

Sex

WomanColor or
RaceWhiteBirth-
placeNantucket. MassMarried, Single
or WidowedSingle

Occupation

noneName of Wife or
HusbandFather's
NameDaniel ThorntonFather's
BirthplaceProbably
New BedfordMother's
Maiden NameRachel MitchellMother's
BirthplaceNantucketName of person giving
in formationMary Anna CalderstonHow related
to deceased1st cousin
once removed

CAUSES OF DEATH

Primary

General debility of old age

How long

Immediate

Bronchitis

How long

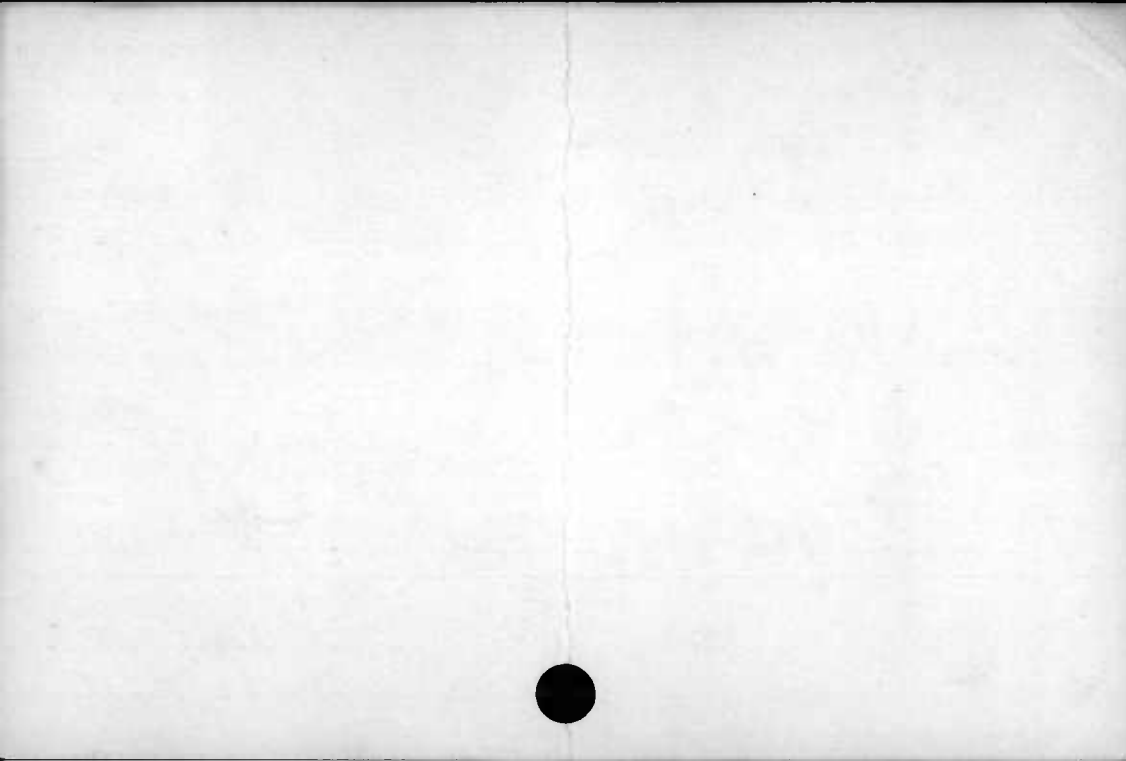
Ten daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

John F Rose M.D.
Oxford Pa -

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Vayhyming

3rd Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bank Town		Cecil County		MARYLAND	
Date of death 190 3	Month May	Day 21	Age	Years	Months 28 Days
Sex Female	Color or Race white		Birth-place Bank		
Married, Single or Widowed			Occupation —		
Name of Wife or Husband					
Father's Name Van hyming			Father's Birthplace Pa		
Mother's Maiden Name Patten			Mother's Birthplace Pa		
Name of person giving information Van hyming			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. S. Whicker
		Address Chung Hill, Md
Accident or Suicide?		

87



Georgiana Webster

Town

County

Died at

Pleasant Hill Cecil

(900)

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

5

7

Age

4

10

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

John Amos Webster

Mother's

Maiden Name

Sallie Webster

Cause of

Primary

Death

Immediate

Consumption

How long sick

6

Accident, Suicide, Homicide

Reported by

J. H. Anderson M.D.

Address

Cecil

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		L. Wilson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Elkton		County		MD	
	Date of death 1903		Month	Day	Years	Months	Days	
	Sex		Female		Color or Race		Caucasian	
	Married, Single or Widowed		Single		Occupation		None	
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information				How related to deceased		Father	
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		Whooping Cough			How long		4 wks
	Immediate		Pneumonia			How long		1 wk
	Are the name, age, sex, color, date and place correctly given above?			Yes				
				Signature of Physician				
			Address					
Accident or Suicide?								



Name in Full		Frederick Miller Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town West Annapole		County Beech		MARYLAND	
		Date of death 1903		Month May		Day 9	
		Age 1		Years 2		Months Days	
		Sex Male		Color or Race Colored		Birth- place Beech Co	
		Married, Single or Widowed Single		Occupation			
		Name of Wife or Husband					
		Father's Name Lawrence M. Wilson		Father's Birthplace Beech Co			
Mother's Maiden Name Mary V. Bradshaw		Mother's Birthplace					
Name of person giving information Lawrence M. Wilson		How related to deceased Father					
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary General Tuberculosis				How long 8 mos	
		Immediate Exhaustion				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Howard Braden	
						Address Elkton Md	
		Accident or Suicide?					

